

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIAL S | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 20 | 7/28 |
| FORMALITY REVIEW | CH | 1119 | 08-29-01 |
| RESPONSE FORMALITY REVIEW | A. M | JL 580 | 10-27-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral).... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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10/1
 7/15/01
 20-571
 10/24/01